**Application for Member of Specialty Committee**

**Heilongjiang Provincial Society of Pharmaceutical Science**

**黑龙江省药学会专业委员会成员申请表**

Name of the Specialty Committeeand Working Committee：

拟加入的专业（工作）委员会：

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| Name 姓名 |  | | Educational Institution& Degree 最后学历及毕业院校 | | | |  | | | | | 1 Inch Photo 一寸证件照 |
| Sex 性别 |  | | Major and Specialty 专业及专长 | | | |  | | | | |
| Birth Date 出生年月 |  | | Professional Title  职称 | | | |  | | Job Title 职务 | | |  |
| Language and Proficiency 使用语种及熟练程度 | | |  | | | | | | Country  国别 | | |  |
| Work Unit工作单位 |  | | | | Fax No. 传真 |  | | | Telephone No. 电话 | | |  |
| Mailing address通讯地址 |  | | | | E-mail 电子邮件 |  | | | Mobile 手机 | | |  |
| Brief introduction to your professional career 个人学习、工作经历 | | | | | | | | | | | | |
| Time 时间 | | Work Unit 单位 | | | | | | | | Job Title 职务 | | |
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| Academic achievement & Main Papers and publications 学术成就及主要论著： | | | | | | | | | | | | |
| Opinion from your unit  所在单位意见  Signature／0fficial seal  （签名、盖章）  Date:  \_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 | | | | Title in Committee  拟任会内职务 | | | |  | | | Pharmacy Association of HLJ  黑龙江省药学会  审查意见及签章： | |
| Signature of Chairperson  （会长签名）  Date:  \_\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 | | | | | | |

Note: Please fill the form in both Chinese and English, and have the form stamped by your work unit’s Personnel Department. Submit two 2 inch photos, two 1 inch photos and **a photocopy of your identification certificate**. Please write your name on the reverse side of each photo, The line width can be adjusted according to contents.

注：表格中英文填写，加盖本单位人事章，交表附本人2寸证件照2张、1寸证件张2张（照片背面注明姓名）及身份证复印件（含身份证正反面），行数不够请自行添加。